

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>001508-3220</b>				
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	<p>In re Application of Eric Allan BIER</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">Application Number 09/731,912</td> <td style="width: 40%;">Filed December 8, 2000</td> </tr> </table> <hr/> <p>For SYSTEMS AND METHODS FOR EDITING A WEB PAGE</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Group Art Unit 2176</td> <td style="width: 50%;">Examiner Chau T. Nguyen</td> </tr> </table>		Application Number 09/731,912	Filed December 8, 2000	Group Art Unit 2176	Examiner Chau T. Nguyen
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<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$510.00</span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>24-0037</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   <input checked="" type="checkbox"/> attorney or agent of record   <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a) _____         </td> <td style="width: 50%; vertical-align: top;"> <div style="text-align: center;">             _____              Signature           </div> <div style="text-align: center;">             /Sean A. Pryor, Reg. #48,103/              Typed or printed name           </div> <div style="text-align: center;">             _____              Date           </div> </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____	<div style="text-align: center;">             _____              Signature           </div> <div style="text-align: center;">             /Sean A. Pryor, Reg. #48,103/              Typed or printed name           </div> <div style="text-align: center;">             _____              Date           </div>		
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<input type="checkbox"/> *Total of _____ forms are submitted.						